Surveyor Request GBB48014

Dear officer.

Ow Ref: GBB 4801 4

Your Insured: YM 630411

DOA: 8/1/18

Kindly Brange Your Surveyor to Survey our client's Vehicle a at:

Workshop = Bodyfix

Address: 10 Ang Mokio Industria (park 2A #04-06 AMK Antopoint S(568047) Pls contact me at 625712-59 GIA as attached

Best hegards Jushen

BODYFIX

NO. 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06 AMK AUTOPOINT SINGAPORE 562047 TEL: 6483 7430 / 6257 1289 FAX: 6483 7432

bodyfix @ singnet wom.sg.

MILIBODA020 / NTUC Income Incurance Coreporative Ltd - HQ CITRY DATE & TIME: CO/O1/2019 CD:53

SINGAPORE ACCIDENT STATEMENT

MPORTANT NOTICE

1.Pleaso report correctly the details of the accident to speed up the claims process.

¿This Form must be completed by the Policyholder and/or the Authorised Driver.

Linformation provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to roudiate policy ability.

At he issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5 Any false reporting may be referred to the Police for investigation.

4. This report will be ferwarded by the insurers of the insurers of the GM Records Management Centre established by the General Insurence Association of Engapero (GIA) for archiving and that copies of this report will fer a fee be made available upon application by interested parties.

7. By the ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

ACCIDENT STATEMENT

Date Of Report

09/01/2018 09:53

Date Of Accident

08/01/2018 11:00

Exact Location Of Accident

53 SERANGOON NORTH AVENUE 4 OPEN SPACE CAR PARK

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Volicle Registration Number

GBB4801U

Insured/Policyholder

Nama Of Registered Owner

EDWARD AUDIO & ELECTRONICS PTE LTD

Co Rog No

199708306H

Email Address

NOEMAIL

Mobile Phone No.

(LOCAL) +65-94375516

Allernative Phone No

OFFICE-67411958

Vohicle Particulars

Manufacturer

FIAT

Model

DOBLO 1.3

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Typo Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5036112085-08

Cover Note Number

COMPREHENSIVE

Driver

NRIC No

Name of Driver

TAN SWEE KUAN

Date Of Birth

S6812898F

25/04/1968

Occupation

OUTDOOR

Date Of Driving Pass

25/02/1995

Driving Experience

22 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-98733546

Fax Number

Contact Number

EMail Address

NOEMAIL

Make inc

Paga 1 of 17

BLK 512 SERANGOON NORTH AVENUE 4 Address

1/04-414

Postcode 550512

Was driver an employee of the insured's Company YES

If No, Relationship of the Driver with the insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

Other information

RAINING WET

Road Surface

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO NO YES

NO

YES

0

NQ

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

PAYA LEBAR NEIGHBOURHOOD POLICE POST

TEL NO: 1800-2899999 - FAX NO: 62815961

Police Station Address

ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 . POSTCODE: 530114 .

OF OTHER VEHICLE PROPERTY:

COUNTRY: SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Refer to Police Report.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded?

NO

Vehicle Registration Number

YM6304U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LOH KIM YAM

NRIC/Passport Number

\$11281411

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE	•	Vehicle No.	OTATATORITE	Repair Date & Start Time: _	तकत्वामवरकत्तर
Report Nat MT/	D O.A: 023 <u>01</u> 20 <u>1</u> 2 Fine: 11300 bra	Make / Mude	ETIA UDDINOLIS.	Reporting Type:	Had Time;, L

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process,
- 2. This Form must be sompleted by the Policyholder and/or the Authorised Oriver.
- Information provided must be as truthful and accurate as possible. Any wilful misropresentation or withholding of material facts may allow insurance companies to repuding policy flability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- U. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (n) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are parmitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or peacessed by my insurer (collectively the "Personal information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/law firms, the Manciary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (III) entrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to ma, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehiclo(s) involved in this accident and the insurers' inwyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Perposes; and
- (c) my Personal Information may/can be illuclosed by any of the insurers and/or GIA to their third party service providers or agents[including their lawyers/law firms], which may be alted outside of Singapare, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and full future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insucers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (li) for complying with requirements under any regulations, laws or court orders.

EDWARD AUDIO & ELECTRONICS PTE LTD

53 Sommonn North Ava 4 #03-06 Singapare 555657 Tek 5741 1058 Fax: 0741 1013 Empil : odvratk:@kingnet.com-49 OST Rep. No: 199708306H 09/01/18 / 9/45

Polleyholder's Signature / Date & Tape

6.00

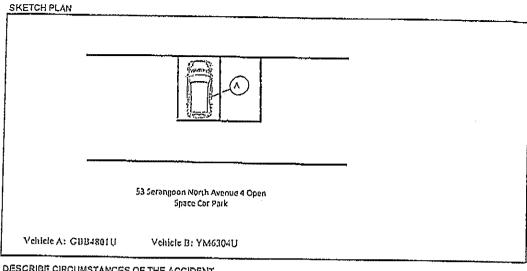
09/01/18 / 9:45

Oriver's Signature (if driver is not the policyholder) / Date & Time

Thomas Chen (S098890)
Customer Care Executive
Motor Service Centre

Wilnessed by Reporting Control Peronnal

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Police Report.

Declaration

EDWARD AMNORMATION NORTH NUMBER PROPERTY OF THE INTERPRETATION OF THE PROPERTY OF THE PROPERTY

1/9/2018 9:45

Policyholder's Signature / Date & Time

Universitingature (It driver is not the policyholder) / Date & Time

Thomas Chen (5098890) Customer Care Executive Motor Service Centre

Wilnessed by Reporting Control Personnel





Police Station Of Origin; Paya Lebar NPP: 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

1 of 3 Report No. T/20180108/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 17:08		lade:	Vide Report No.:	Station Diary No.: 60
Informant	s Particu	ilars		
Name of Ir TAN SWEI	E KUAN .		Address: APT BLK 512 SERANGOON SINGAPORE 550512 Contact No.:	NORTH AVENUE 4 #04-414
NRIC NO / Nationality SINGAPOR	S681289		Home/Office:	Mobile: 98733546
Sex: Male	Age: 49	Date of Birth; 25/04/1968	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation DRiver			Driving Licence Information: Class; 2B,3,4,5	Date of Expiry:

General Inform	ation of the Accident			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/01/2018 11:00	Type of Location: Car Park
	NORTH AVENUE 4			
Weather:	iodalos de do Ociulige	Road Surface:	, , , , , , , , , , , , , , , , , , ,	Road Speed Limit:
Traffic Flow:		Traffic Control;	T	raffic Volume:
Type of Collision Moving Vehicle	n: Against - Parked Veh	icle	а	Inyone conveyed by imbulance:

Details of Vo	ehicle involved	<u>Prainteachtaineach</u>				
Vehicle No.	Туре	Make:	Model	Color	Condition-	No of Passenger
GBB4801U	Van	FIAT		Blue	Slightly	0
					Damaged	

Details of Person Involved	
Any Pedestrian Involved; No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Pice Station Of Origin:
Piya Lebar NPP

I Hougang Avenue 1 #01-1270

SIGAPORE 530114

Tino: 1800-2899999

2 of 3 Report No. T/20180108/2143

CONTINUATION OF REPORT

Pime	TAN SWEE KUAN	•		ID No	,	S6812898F
	, ,			,		
Related Vehicle	GBB4801U (Van)	•.		Conta	ct No.	98733546
Flospital/Clinic	NIL .			Class Drivin		Class: 2B,3,4,5 Date of Expiry: NIL
			,	Licend Expiry		
Dale Treatment	NIL:	•	Date Disc	harge	NIL	
N₀. of Days grant	ed Medical Leave	NIL	Degree of			

B rief Details.

O n08/01/2018 at about 0930hrs, I parked my vehicle GBB4801U at the open car park of 53 Serangoon North Avenue 4 and everything was intact and in order.

Subsequently I left for work. On 08/01/2018 at about 1100hrs, I came back to my vehicle and discovered that the rear right windscreen was smashed and the rear portion of my vehicle had a big dent. I then managed to view the CCTV footage of the CCTV located within the car park, In the footage, it only showed clearly that the rear portion of my vehicle was hit by another 10-feet Lorry believed to be silver in colour. The license plate number was not clear. I do not have any in-car CCTV installed in my vehicle. I am lodging this report for investigation purposes.





Police Station Of Origin:
- Paya Lebar NPP

-- 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

3 of 3 Report No. T/20180108/2143

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 ASHLEY TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 08/01/2018 17:08
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	